

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. | FILING DATE

APPLICANT(S) | 10/088412

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1						51	/	/	/		
2							52	/	/	/		
3							53	/	/	/		
4	X						54	/	/	/		
5							55	/	/	/		
6							56	/	/	/		
7							57	/	/	/		
8							58	/	/	/		
9							59	/	/	/		
10							60	/	/	/		
11							61	/	/	/		
12							62	/	/	/		
13							63	/	/	/		
14							64	/	/	/		
15							65	/	/	/		
16							66	/	/	/		
17							67	/	/	/		
18							68	/	/	/		
19							69	/	/	/		
20							70	/	/	/		
21							71	/	/	/		
22							72					
23							73	/	/	/		
24							74	/	/	/		
25							75	/	/	/		
26							76	/	/	/		
27							77	/	/	/		
28							78	/	/	/		
29							79	/	/	/		
30							80	/	/	/		
31							81	/	/	/		
32							82	/	/	/		
33							83	/	/	/		
34							84	/	/	/		
35							85	/	/	/		
36							86	/	/	/		
37							87	/	/	/		
38							88	/	/	/		
39			/		/		89	/	/	/		
40			/		/		90	/	/	/		
41			/		/		91	/	/	/		
42			/		/		92	/	/	/		
43			/		/		93					
44			/		/		94					
45			/		/		95					
46			/		/		96					
47			/		/		97					
48			/		/		98					
49			/		/		99					
50			/		/		100					
TOTAL IND.							TOTAL IND.	3				
TOTAL DEP.							TOTAL DEP.	3				
TOTAL CLAIMS							TOTAL CLAIMS	51	50			